

Arkansas Teacher Housing Development Foundation
1515 W. 7th Street Suite 320 Little Rock, AR 72201
(501) 683-5401

1. _____
Name (Last, First, Middle Initial) Social Security No. Date of Birth
2. _____
Mailing Address City State Zip
3. Phone Number: _____ E-mail Address: _____
4. Please provide the name of the school district and school where you are currently employed (or have been hired to teach). _____
- 4a. What are the employment dates for your most recent teaching contract? _____
- 4b. Do you anticipate renewing your contract for the upcoming year with this school district?
_____ Yes _____ No
5. Please list the subject area(s) that you are currently teaching (or have been hired to teach).

6. Do you have at least three (3) years of classroom experience in the subject area that you are currently teaching (or have been hired to teach)? _____ Yes _____ No
7. List the last four (4) schools where you have taught. eg. Brinkley High Brinkley, AR 2002-05
(1) _____ (2) _____
(3) _____ (4) _____
8. Please indicate the housing incentive for which you are applying:
Homeownership Incentive _____ Rental Incentive _____
9. Please indicate the address of the eligible property. _____
10. Have you signed a rental agreement (lease) for the current or upcoming school year? (if applicable) _____ Yes _____ No [Note: Please provide verification of the lease agreement]
11. Have you signed a purchase contract for a qualifying home? (if applicable) _____ Yes _____ No
12. Have you been preapproved/prequalified for a first mortgage? _____ Yes _____ No
If yes, please identify the lender _____
13. Have you forwarded the required recommendation forms to the ATHDF? _____ Yes _____ No

Additional information may be needed to process your application.

Certification

I, the undersigned, do hereby certify that the information submitted on this application is accurate to the best of my knowledge. I understand that if I receive Housing Incentive Program funds, the award may convert to a fully payable loan if I do not fulfill my teaching obligation or otherwise breach the service agreement or default. Also, I understand that all awards are subject to the availability of funds.

By signing this application, you acknowledge receiving, reading, understanding, and agreeing to the terms and conditions as stated in the agency's rules and regulations.

TEACHER'S SIGNATURE

DATE

MAIL/FAX COMPLETED APPLICATION

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Little Rock, AR 72201
501-683-5400 (Fax)**

IMPORTANT NOTE: Awards for the Teacher Housing Incentive Program (THIP) are administered by the Arkansas Teacher Housing Development Foundation. Awards are dependent on the availability of funds. While it is not anticipated, it is possible that a reduction in agency income could reduce the funds available for this program. Should such a situation occur, the Arkansas Teacher Housing Development Board will address outstanding issues and affected parties will be notified immediately